

weakness of the lower extremities, and a day later presented complete paraplegia, with anæsthesia, absence of the knee-jerk, paralysis of the rectum and bladder, and development of a bed-ulcer. Infection of the genito-urinary tract with the bacterium coli commune ensued, and death took place seventeen days after the onset of the complicating conditions. Upon post-mortem examination active congestion and slight hemorrhagic exudation were found without the dura mater, in the lower half of the dorsal region, extending to the level of the middle of the lumbar swelling. The vessels of the pia were dilated, and the posterior aspect of the cord presented sanguineous suffusions. The lumbar enlargement in its upper portion was the seat of a large area of myelitic softening; some of the pial vessels were the seat of thrombosis, and a fibrino-purulent exudation was present upon a portion of the posterior aspect. On bacteriological examination bacteria coli communes and streptococci were found upon the pia mater at the level of the focus of myelitis.

A FATAL CASE OF MULTIPLE NEURITIS.

At a recent meeting of the Clinical Society of London, CHURTON (*Medical Press and Circular*, No. 2895, p. 454) reported the case of a rather fragile girl, fourteen years old, who, two years before coming under observation, had choreic twitching of the eyes, supposed to be due to imitation of a school-friend. Some eight months later the shoulders and head also became affected slightly. Five or six weeks after this the girl went to a school-party and became excited and tired, and afterward walked two miles, and was quite exhausted. On the following day she still felt tired, and complained of a sensation of "pins and needles" in the fingers, and was unable to play the piano. On the next day she staggered in walking, and on the following day was in bed and complaining of pains in the calves of the legs. The temperature was now found to be 103°, and the paralysis advanced; gradually use of the arms, legs, and trunk was lost, and the reflexes were abolished. Attacks of rapid breathing occurred, and the heart's action was also rapid. Sensibility was preserved, and there was no œdema. Death took place six days after the onset of the acute symptoms. Analysis of the drinking-water used showed the presence of considerable quantities of lead, and especially in that from the hot-water pipe. It was further learned that the child had been in the habit of taking tea made with water from the latter. The fatal illness was ascribed to multiple neuritis due to chronic lead-poisoning.

SUDDEN DEATH FROM INTESTINAL HEMORRHAGE DUE TO TUBERCULOSIS.

BOUNAIN (*Archives de Médecine et de Pharmacie Militaires*, 1894, No. 11, p. 399) has reported the case of a soldier who presented constipation, pallor, headache, and nausea, without elevation of temperature or pulmonary complication. While under observation a large amount of blood was passed by the bowel, and the general condition became distinctly aggravated. Cerebral symptoms, agitation, syncope, and delirium appeared, and led to a fatal termination. Upon post-mortem examination a succession of hemorrhagic areas were found, extending from the lower portion of the ileum throughout the entire length of the large intestine. These foci were especially numerous in

the region of the ileo-cæcal valve, where in places the mucous membrane was ulcerated; in other places were cicatrices. The mesentery was thickened; the mesenteric glands and those of the meso-colon were tuberculous.

SURGERY.

UNDER THE CHARGE OF

J. WILLIAM WHITE, M.D.,

PROFESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF PENNSYLVANIA; SURGEON TO THE
UNIVERSITY AND GERMAN HOSPITALS;

ASSISTED BY

ALFRED C. WOOD, M.D.,	AND	C. L. LEONARD, M.D.,
INSTRUCTOR IN CLINICAL SURGERY, UNIVERSITY OF PENNSYLVANIA; ASSISTANT SURGEON, UNIVERSITY HOSPITAL.		ASSISTANT INSTRUCTOR IN CLINICAL SUR- GERY IN THE UNIVERSITY OF PENNSYLVANIA.

TYPICAL FRACTURES OF THE RADIUS AND THEIR CAUSE.

BÄHR (*Centralbl. für Chir.*, 1894, No. 36) shows that the classical experiment of Lecomte, substantiating his claim that in these fractures the os scaphoid and pisiform do not come in contact with the ground is fallacious. This has been undisputed since 1860; but if, instead of marking the most prominent point of the volar side, which does not come in contact with the ground in these cases, but that portion which touches the paper when the arm is in extension and lies upon the flexor surface, is marked, we will find that when the arm is over-extended to the point where the hand is at a right angle, this point comes directly in contact and would naturally receive the force of the blow. Lecomte's experiment as an explanation of the mechanism of the fractures is therefore worthless. The author concludes from his observations that the typical radius fracture is not so much the result of a bending (the impression of earlier writers) as of an over-stretching of volar ligaments. Pure fissured fractures from hyper-extension can only be breaks of the volar edge of the articulating surface, or must run in a direction from above on the volar side downward to the dorsal side. All other forms of fracture can be explained by the impact of the upper carpal row upon the lower end of the radius.

THE SUBCUTANEOUS EXTIRPATION OF THE TUBERCULAR LYMPHATICS OF THE NECK.

Under this title DOLLINGER (*Centralbl. für Chir.*, 1894, No. 36) recommends the following method: The hair is shaved from the lower portion of the back of the head, and the entire head and hair carefully cleansed. The incision lies in this shaven region, beginning on a level with the external auditory meatus, one centimetre from the edge of the hair, and is a curved incision about five centimetres in length, convex below, and extending to the middle line of the neck. The incision is carried through the fascia as well.